MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-036947.					
DO NOT WRITE AMENDED ON THIS STUB			R	egistration District No. 2684 STATE FILE NUM	ABER
ON THIS STUB	Amended		=	PLACE OF DEATH D SEP 2 8 1962 - 2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before
V\$ 300	<u> </u> e			a. COUNTY ST. Louis a. STATE MISSOUR b. COUNTY	admission)
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  c. CITY	Inside Limits
1///	W			TOWN Koch MONS. TOWN ST. Louis	Yes No 🗆
400	ա I և	111		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HO	Reside on Farm Yes □ No ①
2 214	18/2		_	1100	167 D 140 ID
3			3	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day OF DEATH SEPT. 14.	1962
4 0			5	S. SEX 6. COLOR OR RACE 7. Married W Never Married 1 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR	IF UNDER 24 HR
5 /				Male White Widowed Divorced Sept. 5,1890 72 Months Days	Hours Min.
6	ا ا ام		10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF W Dduring most of working life, even if retired)	VHAT COUNTRY
		111	12	13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	<del>y.</del>
				unknown Bergmann Katherine Buettner Ella B. Bei	COMENIN
8 2	2			5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (es, no, or unknown)   (If yes, give war or dates of service)	<del>7</del>
94/220				You W.W. # / NONE FIRE D. DEREMANN 499/ W	Uq/s h ST. ERVAL BETWEEN
10	¥			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:	SET AND DEATH
11	충	OCUMEN		IMMEDIATE CAUSE (a)	1 minute
	EAD OF			Conditions, if any, ) DUE TO (b) arternalentic Hart Wiser	10 4
	INSTEAD			which gave rise to	0
	<del>-</del>	- -		stating the under- lying cause last. DUE TO (c)	
1//	5		<u>8</u>		vas female was cy in last 90 days.
41			Įξ.	Hypertension conditionscale des. 1 " 1" 1 N	J
	AMENDMENIS		CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II or PA	of item 18.)
Z			Ę	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
C INK RIBBON	<b>~</b>		MEDI	p.m	STATE
BLACK INK OR RITER RIBBC				20d. INJURY OCCURRED  20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  COUNTY  WHILE AT WORK   NOT WHILE AT WORK	SIAIE
A S S S	READ			21. I attended the deceased from 1953, to Sal 9,1162 and last saw her alive on Supa 9,1	166
VR!				Death occurred at m on the date stated above, and to the best of my knowledge, from the cau	uses stated.
USE BLACK OR TYPEWRITER	SHOULD	O.		Million as A will all ata VIII	22c. DATE SIGNED
F		Ŭ₽	-22	3a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(Slate)
	Ö	AFFIDA		BUDIA Sp. 18.1962 Surset Buriel Park St. Louis, Co. M.	, 6 .
	¥.	1 1. 1	24	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	e mos
	<b>=</b>		И	VIH Morting 6409 GRAVOIS AVE. 9-17-67 Johns. Burge	uj 1/1, 10,
				(Licensed Embalmer's Statement on Reverse Side)	v <sub>.</sub>

DR Harald Franklin

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed You M. Sexum
Student	Signed /au / Datum
Signature of Student Embalmer	Licensed Embalmer No. 4343  P. O. Address Stories Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.